

AUG 03 2005

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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36802 7590 05/06/2005

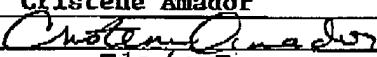
PACESETTER, INC.
15900 VALLEY VIEW COURT
SYLMAR, CA 91392-9221

08/05/2005 CNGUYEN1 00000028 160068 10052776

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Cristene Amador (Depositor's name)

5/3/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,776	01/18/2002	Christopher R. Jenney	A02P1008	4220

TITLE OF INVENTION: BODY IMPLANTABLE LEAD INCLUDING ONE OR MORE CONDUCTIVE POLYMER ELECTRODES AND METHODS FOR FABRICATING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GETZOW, SCOTT M	3762	607-122000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PACESETTER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court
Sylmar, CA 91392-9221

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
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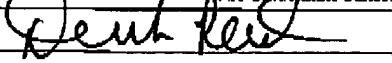
A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-203B is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0068 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 8/3/05

Typed or printed name

Derrick Reed

Registration No. 40,138

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August 3, 2005

To: Assistant Commissioner for Patents	From: Cristene Amador Senior Patent Assistant 818/493-3103
Attention: BOX ISSUE FEE	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571/273-2885	Telecopier: 818/362-4795
RE: Payment of ISSUE FEE Applic. No. 10/052,776 Filed: 01/18/2002 Docket No. A02P1008	Number of pages being sent: <u>2</u> (including cover page)

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